

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/591,048
	Filing Date	March 28, 2007
	First Named Inventor	Karl-Hermann Schlingensiepen
	Title	PHARMACEUTICAL COMPOSITION
	Art Unit	1635
	Examiner Name	Tracy Ann Vivlemore
	Attorney Docket Number	4052-003 (19080.0002)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

86000

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Please recognize or change the correspondence address for the above-identified application to:

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City		State		Zip
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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on 03/28/2007.

SIGNATURE of Applicant or Assignee of Record			
Signature	H. Heintz	Date	05 OCT 2011
Name	H. HEINZICH	Telephone	
Title and Company	CMO / ANTICENSE PHARMA		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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